

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						1				
2	/						1				
3	/						1				
4	3						1				
5	(1)						1				
6	(1)						1				
7	(1)						1				
8	/						1				
9	/						1				
10	/						1				
11	/						1				
12	/						1				
13	/						1				
14	(1)						1				
15	/						1				
16	2						1				
17	/						1				
18	/						1				
19	/						1				
20	/						1				
21	/						1				
22	/						1				
23	/						1				
24	/						1				
25	/						1				
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27	/						1				
28	/						1				
29	/						1				
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31	/						1				
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35	/						1				
36							1				
37	/						1				
38	/						1				
39	/						1				
40	/						1				
41	/						1				
42	/						1				
43	/						1				
44	/						1				
45	/						1				
46	/						1				
47	2						1				
48	1						1				
49	1						1				
50	/						1				
TOTAL IND.	7		1		1		1		1		
TOTAL DEP.	8	5									
TOTAL CLAIMS	9	2									

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS